

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-051603

DATE ISSUED: 03/14/2018

FIRST AND MIDDLE NAME(S): [REDACTED]
LAST NAME(S): [REDACTED]

FEES NUMBER: 2711

COUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 25, 2017
HOUR OF DEATH: 09:35 AM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: [REDACTED]
MARITAL STATUS: MARRIED
SPOUSE: [REDACTED]

OCCUPATION: PAINTER
INDUSTRY: CONTRACTOR
EDUCATION: NO DIPLOMA, 9TH-12TH GRADE
US ARMED FORCES: YES

INFORMANT: [REDACTED]
RELATIONSHIP: SPOUSE
ADDRESS: [REDACTED]

CAUSE OF DEATH:
A: HYPERTENSIVE, ATHEROSCLEROTIC, AND VALVULAR CARDIOVASCULAR DISEASE
INTERVAL: YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BILATERAL SUBDURAL
HEMATOMA DUE TO BLUNT FORCE HEAD TRAUMA, ALZHEIMER DEMENTIA AND
PULMONARY EMPHYSEMA

DATE OF INJURY: NOVEMBER 15, 2017

HOUR OF INJURY: 11:00 PM

INJURY AT WORK: UNKNOWN

PLACE OF INJURY: CARE FACILITY

LOCATION OF INJURY: 12844 MILITARY ROAD S.

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98168

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: MULTIPLE GROUND LEVEL FALLS,
ASSAULTED 2 MONTHS PRIOR TO DEATH WITH UNCERTAIN
CONTRIBUTION TO DEATH

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER
CITY, STATE, ZIP: BURIEN, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]
CITY, STATE, ZIP: [REDACTED]
INSIDE CITY LIMITS: NO COUNTY: [REDACTED]
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: [REDACTED]
MOTHER/PARENT: [REDACTED]
METHOD OF DISPOSITION: [REDACTED]
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: TACOMA, WASHINGTON
DISPOSITION DATE: DECEMBER 01, 2017

FUNERAL FACILITY: POWERS FUNERAL HOME
ADDRESS: [REDACTED]
CITY, STATE, ZIP: [REDACTED]
FUNERAL DIRECTOR: IRA R. TODD

MANNER OF DEATH: UNDETERMINED
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: NOVEMBER 28, 2017

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 17-2283
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: DECEMBER 01, 2017